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Bib Data Sheet

CONFIRMATION NO. 1864

SERIAL NUMBER 10/057,116	FILING DATE 01/24/2002 RULE	CLASS 602	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. AB-165U
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APPLICANTS

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** CONTINUING DATA *****
[Signature] This appln claims benefit of 60/265,009 01/30/2001

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/18/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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ADDRESS
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TITLE
 Fully implantable neurostimulator for peripheral nerve stimulation as a therapy for chronic pain

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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